

STATE: MINNESOTA

ATTACHMENT 3.1-B

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26. Personal care assistant services. (continued)

- r) home care services to a recipient who is eligible for Medicare covered home care services (including hospice), if elected by the recipient, or any other insurance held by the recipient;
- s) services to other members of the recipient's household;
- t) any home care service included in the daily rate of the community-based residential facility where the recipient resides;
- u) personal care assistant services that are not ordered by the physician; or
- v) services not authorized by the commissioner or the commissioner's designee.

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METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES
Other Types of Care

The following is a description of the policy and methods used in establishing payment rates for each type of care and services included in the State plan.

Medical Assistance payment for Medicare crossover claims is equal to the Medicare co-insurance and deductible.

IHS/638 Facilities: Except for child welfare-targeted case management services and relocation service coordination services, services provided by facilities of the Indian Health Service (which include, at the option of a tribe, facilities owned or operated by a tribe or tribal organization, and funded by Title I ~~or III~~ of the Indian Self-Determination and Education Assistance Act, P.L. 93-638, as amended, or Title V of the Indian Self-Determination and Education Assistance Act, P.L. 106-260, operating as 638 facilities) are paid at the rates negotiated between the Indian Health Service and the ~~Health Care Financing Administration~~ Centers for Medicare & Medicaid Services and published by the Indian Health Service in the Federal Register. Child-welfare targeted case management services are paid in accordance with the methodology in item 19.b., child welfare-targeted case management services. Relocation service coordination services are paid in accordance with the methodology in item 19.c, relocation service coordination services.

Outpatient services provided by facilities defined in state law as critical access hospitals (and certified as such by the ~~Health Care Financing Administration~~ Centers for Medicare & Medicaid Services) are paid on a cost-based payment system based on the cost-finding methods and allowable costs of Medicare.

Except in the case of critical access hospitals, for obstetric care the base rate is adjusted as follows:

- outpatient hospital obstetric care (as defined by the Department) technical component (provided by outpatient hospital facilities) receives a 10% increase over the base rate.
- all other obstetric care (as defined by the Department) receives a 26.5% increase over the base rate.

Pediatric care (as defined by the Department), except for the technical component provided by an outpatient hospital facility, receives a 15% increase over the base rate.

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Oral language interpreter services, provided by enrolled providers (except inpatient hospitals) to persons with limited English proficiency, are paid the lesser of charges or \$12.50 per 15-minute unit of service.

Legislation governing maximum payment rates sets the calendar year at 1989, except that: (1) the calendar year for item 7, home health services, is set at 1982; and (2) the calendar year for outpatient mental health services is set at 1999 (payment is 75.6% of the 50th percentile of calendar year 1999 charges). Rates for services provided by community and public health clinics are increased by 20%, except for laboratory services.

Rate Decrease Effective July 1, 2002: Total payment paid to hospitals for outpatient hospital facility services provided on or after July 1, 2002, before third party liability and spenddown, is decreased by .5 percent from current rates.

Exceptions to the 50th percentile of the submitted charges occur in the following situations:

- (1) There were less than 5 billings in the calendar year specified in legislation governing maximum payment rates;
- (2) The service was not available in the calendar year specified in legislation governing maximum payment rates;
- (3) The payment amount is the result of a provider appeal;
- (4) The procedure code description has changed since the calendar year specified in the legislation governing maximum payment rates, therefore, the prevailing charge information reflects the same code but a different procedure description;
- (5) The 50th percentile reflects a payment which is inequitable when compared with payment rates for procedures or services which are substantially similar or when compared with payment rates for procedure codes or different levels of complexity in the same or substantially similar category; or
- (6) The procedure code is for an unlisted service.

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Other Types of Care (continued)

In these instances, the following methodology is used to reconstruct a rate comparable to the 50th percentile of charges submitted in the calendar year specified in legislation governing maximum payment rates:

- (1) Refer to information which exists for the first four billings in the calendar year specified in legislation governing maximum payment rates; and/or
- (2) Refer to surrounding and/or comparable procedure codes; and/or
- (3) Refer to the 50th percentile of years subsequent to the calendar year specified in legislation governing maximum payment rates; and "backdown" the amount by applying an appropriate CPI formula. The CPI formula is updated July 1 of each year to incorporate the current year's CPI; and/or
- (4) Refer to relative value indexes; and/or
- (5) Refer to payment information from other third parties, such as Medicare; and/or
- (6) Refer to a previous rate and add the aggregate increase to the previous rate; and/or
- (7) Refer to the submitted charge and "backdown" the charge by the CPI formula. The CPI formula is updated July 1 of each year to incorporate the current year's CPI.

If a procedure was authorized and approved prior to a reference file rate change, the approved authorized payment rate may be paid rather than the new reference file allowable.

HCPCS MODIFIERS

Medical Assistance pays more than the reference file allowable in the following areas:

- 20 microsurgery = 35% additional reimbursement.
- 22 unusual procedural services = additional reimbursement based on line description or claim attachment. This modifier specifies a ratio for twin delivery and VBAC delivery. All other services are priced according to the service rendered.
- 99 multiple modifier = may be an increase or a decrease to the reference file allowable depending on the modifiers represented within the 99.

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Other Types of Care (continued)

In accordance with Minnesota Statutes, §256B.37, subdivision 5a:

No Medical Assistance payment will be made when either covered charges are paid in full by a third party payer or the provider has an agreement with a third party payer to accept payment for less than charges as payment in full.

Payment for patients that are simultaneously covered by Medical Assistance and a liable third party other than Medicare will be made as the lesser of the following:

- (1) the patient liability according to the provider/third party payer (insurer) agreement;
- (2) covered charges minus the third party payment amount; or
- (3) the Medical Assistance rate minus the third party payment amount.

IHS/638 FACILITIES:

An encounter for a 638 or IHS facility means a face-to-face encounter/visit between a recipient eligible for Medical Assistance and any health professional at or through an IHS or 638 service location for the provision of Title XIX covered services in or through an IHS or 638 facility within a 24-hour period ending at midnight. Encounters/visits with more than one health professional and multiple encounters/visits with the same professional, within the same service category, that take place in the same 24-hour period, constitute a single encounter/visit, except when the recipient after the first encounter/visit suffers an illness or injury requiring additional diagnosis or treatment. Service categories for IHS/638 facilities are: ambulance, chemical dependency, dental, home health, medical, mental health, and pharmacy.

Services included in the outpatient rate include:

- outpatient hospital ambulatory surgical services
- outpatient physician services
- outpatient dental services
- pharmacy services
- home health agency/visiting nurse services

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Other Types of Care (continued)

- outpatient chemical dependency services
- transportation services if the recipient is not admitted to an inpatient hospital within 24 hours of the ambulance trip

Services included in the inpatient rate include:

- inpatient hospital services
- transportation services if the recipient is admitted to an inpatient hospital within 24 hours of the ambulance trip

Inpatient physician services are paid in accordance with the methodology described in item 5.a., Physicians' services.

The ambulatory surgical center facility fee is paid in accordance with the methodology for the technical component of the surgical procedure described in item 2.a., Outpatient hospital services.

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6.d. Other practitioners' services. (continued)

B. **Public health nursing services** are paid the lower of:

- 1) submitted charge; or
- 2) State agency established rates based on comparable rates for services provided by a nurse practitioner in an office setting, or by a home health nurse in a home setting or by a nurse providing perinatal high risk services under item 20, Extended services to pregnant women.

Public health nurses who administer pediatric vaccines in item 2.a., Outpatient hospital services, available through the Minnesota Vaccines for Children Program pursuant to §1928 of the Act, are paid using the same methodology in item 2.a. for these vaccines.

The rates for these three personal care assistant services are as follows:

Service	7/1/99	7/1/00	7/1/01	<u>7/1/02</u>
Initial Public Health Nursing Assessment Visit for Personal Care Assistant Services (in-person)	\$218.92/visit	\$232.06/visit	\$239.02/visit	<u>\$246.19/visit</u>
Public Health Nursing Reassessment Visit for Personal Care Assistant Services (in-person)	\$218.92/visit	\$232.06/visit	\$239.02/visit	<u>\$246.19/visit</u>
Public Health Nursing Service Update	\$109.46/update	\$116.03/update	\$119.51/update	<u>\$123.10/update</u>

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7.a. Intermittent or part-time nursing service provided by a home health agency or by a registered nurse when no home health agency exists in the area.

Payment is the lower of:

- 1) submitted charge; or
- 2) Medicare cost-per-visit limits based on Medicare cost reports submitted by free-standing home health agencies in the Minneapolis and St. Paul area in the calendar year specified in state legislation governing maximum payment rates.

Effective July 1, 1994, this payment rate is increased by three percent.

Procedure Code	7/1/97	7/1/98	7/1/99	7/1/00	7/1/01	<u>7/1/02</u>
X5284 Skilled Nurse Visit	\$52.79/visit	\$54.37/visit	\$56.54/visit	\$59.93/visit	\$61.73/visit	<u>\$63.58</u>

Immunizations and other injectables are paid using the same methodology as Item 2.a., Outpatient hospital services.

Home health agencies that administer pediatric vaccines in item 2.a., Outpatient hospital services, available through the Minnesota Vaccines for Children Program pursuant to §1928 of the Act, are paid using the same methodology in item 2.a. for these vaccines.

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7.b. Home health aide services provided by a home health agency.

Payment is the lower of:

- 1) submitted charge; or
- 2) Medicare cost-per-visit limits based on Medicare cost reports submitted by free-standing home health agencies in the Minneapolis and St. Paul area in the calendar year specified in state legislation governing maximum payment rates.

Effective July 1, 1994, this payment rate is increased by three percent.

Procedure Code	7/1/97	7/1/98	7/1/99	7/1/00	7/1/01	<u>7/1/02</u>
X5285 Home Health Aide Visit	\$40.50/visit	\$41.72/visit	\$43.39/visit	\$45.99/visit	\$47.37/visit	<u>\$48.79</u>

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7.d. Physical therapy, occupational therapy or speech pathology and audiology services provided by a home health or medical rehabilitation agency.

Physical therapist, occupational therapist, speech pathologist and audiologist services provided by a **home health agency** are paid the lower of:

- (1) submitted charge; or
- (2) Medicare cost-per-visit limits based on Medicare cost reports submitted by free-standing home health agencies in the Minneapolis and St. Paul area in calendar year 1982.

Physical therapy assistant and occupational therapy assistant services provided by a **home health agency** are paid using the same methodology as items 11.a., Physical therapy and 11.b., Occupational therapy.

Procedure Code	7/1/97	7/1/98	7/1/99	7/1/00	7/1/01	7/1/02
X5280 Physical Therapy Visit (PT)	\$49.51/visit	\$51.00/visit	\$53.04/visit	\$56.22/visit	\$57.91/visit	<u>\$59.65</u>
X5280 Physical Therapy Visit (Asst.)					\$37.64/visit	<u>\$38.77</u>
X5281 Speech Therapy Visit	\$50.27/visit	\$51.78/visit	\$53.85/visit	\$57.08/visit	\$58.79/visit	<u>\$60.55</u>
X5282 Occupational Therapy Visit (OT)	\$50.53/visit	\$52.05/visit	\$54.13/visit	\$57.38/visit	\$59.10/visit	<u>\$60.87</u>
X5282 Occupational Therapy Visit (Ass't.)					\$38.42/visit	<u>\$39.57</u>
X5283 Respiratory Therapy Visit	\$36.75/visit	\$37.85/visit	\$39.36/visit	\$41.72/visit	\$42.97/visit	<u>\$44.26</u>

Services provided by **rehabilitation agencies** are paid using the same methodology as item 5.a., Physicians' services, except that payments are increased by 38% for physical therapy, occupational therapy, and speech pathology services provided by an entity that:

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7.d. Physical therapy, occupational therapy or speech pathology and audiology services provided by a home health or medical rehabilitation agency.

- (1) is licensed under Minnesota Rules, parts 9570.2000 to 9570.3400 that operate residential programs and services for the physically handicapped;
- (2) is Medicare certified as a comprehensive outpatient rehabilitation facility as of January 1, 1993; and
- (3) for which at least 33% of the patients receiving rehabilitation services in the most recent calendar year are recipients of medical assistance, general assistance medical care, and MinnesotaCare.

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8. Private duty nursing services.

Payment is the lower of the submitted charge; or the following:

Procedure Code	1/1/93	7/1/94	7/1/97	7/1/98	7/1/99	7/1/00	6/15/01	7/1/01	<u>7/1/02</u>
X5648 Independent Private Duty L.P.N.	\$2.78/unit	\$2.86/unit	\$3.00/unit	\$3.09/unit	\$3.21/unit	\$3.40/unit	\$5.17/unit	\$5.78/unit	<u>\$5.95/unit</u>
X5648 Private Duty L.P.N.	\$4.20/unit	\$4.33/unit	\$4.55/unit	\$4.69/unit	\$4.88/unit	\$5.17/unit	\$5.17/unit	\$5.78/unit	<u>\$5.95/unit</u>
X5646 Independent Private Duty R.N.	\$3.71/unit	\$3.82/unit	\$4.01/unit	\$4.13/unit	\$4.30/unit	\$4.56/unit	\$6.73/unit	\$7.52/unit	<u>\$7.75/unit</u>
X5646 Private Duty R.N.	\$5.49/unit	\$5.65/unit	\$5.93/unit	\$6.11/unit	\$6.35/unit	\$6.73/unit	\$6.73/unit	\$7.52/unit	<u>\$7.75/unit</u>
X5649 Private Duty L.P.N. (complex)	\$4.89/unit	\$5.04/unit	\$5.29/unit	\$5.45/unit	\$5.67/unit	\$6.01/unit	\$6.01/unit	\$6.77/unit	<u>\$6.97/unit</u>
X5647 Private Duty R.N. (complex)	\$6.18/unit	\$6.37/unit	\$6.69/unit	\$6.89/unit	\$7.17/unit	\$7.60/unit	\$7.60/unit	\$9.03/unit	<u>\$9.30/unit</u>

NOTE: 1 unit = 15 minutes

Shared care: For two recipients sharing care, payment is one and one-half times the payment for serving one recipient. This paragraph applies only to situations in which both recipients are present and received shared care on the date for which the service is billed.

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26. Personal care assistant services.

Payment is the lower of the submitted charge, or the state agency established rate:

Procedure Code	7/1/97	7/1/98	7/1/99	7/1/00	7/1/01	7/1/02
X5643 Independent Personal Care Assistant	\$1.97/unit	\$2.03/unit	\$2.11/unit	\$2.24/unit	\$2.31/unit	<u>\$2.38/unit</u>
X5644 Supervision of Independent PCA	\$4.06/unit	\$4.18/unit	\$4.35/unit	\$4.61/unit	\$4.75/unit	<u>\$4.89/unit</u>
X5645 Personal Care by an Agency 1:1	\$3.09/unit	\$3.18/unit	\$3.31/unit	\$3.51/unit	\$3.62/unit	<u>\$3.73/unit</u>
X5357 Personal Care by an Agency 1:2	N/A	N/A	\$2.49/unit	\$2.64/unit	\$2.72/unit	<u>\$2.80/unit</u>
X5358 Personal Care by an Agency 1:3	N/A	N/A	\$2.20/unit	\$2.33/unit	\$2.40/unit	<u>\$2.47/unit</u>
X4037 Supervision of Personal Care by an Agency	\$5.45/unit	\$5.61/unit	\$5.83/unit	\$6.18/unit	\$6.37/unit	<u>\$6.56/unit</u>

[NOTE: 1 unit = 15 minutes]

Shared care: For two recipients sharing services, payment is one and one-half times the payment for serving one recipient. For three recipients sharing services, payment is two times the payment for serving one recipient. This paragraph applies only to situations in which all recipients were present and received shared services on the date for which the service is billed.

PCA Choice option: Payment is the same as that paid for personal care assistant services.